Instructions for the Cash Disbursements Code Sheet:

In the AGENCY NAME field, replace with your Agency Name.

For the following fields, each number goes in a separate cell:

Invoice Number Buy Entity

Invoice Date PO Number

Vendor Number Grp Nbr Terms Code Due Date

Voucher Nbr

The following fields are text wrap fields. If you enter more information than fits on the lines, continue typing and when you finish, adjust the size of the row. You adjust the size of the row by placing the pointer between the rows and clicking the left mouse button and holding it down while dragging the bottom of the row down until all data is visible.

Vendor Name

Remit Code/Message

In the Amount column, you must enter the Dollar amounts in the left column and the Cents in the right column past the dotted line.

Each of the following fields at the bottom of the form must be entered in separate cells:

Pay Entity Control Grp Nbr Control Grp Date

If you have any questions regarding this form, please call the OSC NCAS Help Desk at 919-875-HELP (4357)

AGENCY NAME CASH DISBURSEMENTS CODE SHEET

Invoice Number	I I			Buy Entity	(Matching Inv Only)			
Invoice Date	 			PO Number				
Vendor Number	 		Grp Nbr	Terms Code	or> Due Date		і Ц	
Vendor Name				Voucher Nbr	<u> </u>			
Remit Code/Message								
Amount	DR/C R	(4 char) Company	(Max 11 char) Account	(Max 12 char) Center	(Direct Invoices Only) NCAS Item Number	1099 Accr Code Cod		
i								
							—	
I								
İ								
1								
1								
i						<u> </u>		
							—	
İ	Sales Tax Amt		Comments:		Prepared b	Prepared by:		
İ	Freig	ht Amt			Approved by: Entered by:			
- 1	Gros	s Amt		Entered by				
Accounting Control Us	e Only	Pav Eı	ntity:	Control Gro Nbr:	Control Gro Date:			